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09/699372

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| Class | Subclass | ISSUE CLASSIFICATION |
|       |          |                      |

# U.S. UTILITY Patent Application

PATENT NUMBER

|  |             |
|--|-------------|
| O.I.P.E.                                       | PATENT DATE |
| SCANNED <i>Am<sup>2</sup></i> O.A. <i>A.G.</i> |             |

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|------------------------------|------------|--------------|---------------|------------------|------------------------------|
| APPLICATION NO.<br>09/699372 | CONT/PRIOR | CLASS<br>705 | SUBCLASS<br>2 | ART UNIT<br>2165 | EXAMINER<br><i>Nagayoshi</i> |
|------------------------------|------------|--------------|---------------|------------------|------------------------------|

APPLICANTS

Courtney Hudson

36260

*Porter*

TITLE

System and method for matching patients with clinical trials

PTO-2040  
12/99

## ISSUING CLASSIFICATION

| ORIGINAL                     |          | CROSS REFERENCE(S) |                                   |  |  |  |  |
|------------------------------|----------|--------------------|-----------------------------------|--|--|--|--|
| CLASS                        | SUBCLASS | CLASS              | SUBCLASS (ONE SUBCLASS PER BLOCK) |  |  |  |  |
|                              |          |                    |                                   |  |  |  |  |
| INTERNATIONAL CLASSIFICATION |          |                    |                                   |  |  |  |  |
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| <input type="checkbox"/> <b>TERMINAL DISCLAIMER</b>   | DRAWINGS  |             |            | CLAIMS ALLOWED             |                      |
|---|---|-------------|------------|----------------------------|----------------------|
|   | Sheets Drwg.                                    | Figs. Drwg. | Print Fig. | Total Claims               | Print Claim for O.G. |
| <input checked="" type="checkbox"/> The term of this patent subsequent to _____ (date) has been disclaimed.                       | _____ (Assistant Examiner) _____ (Date)         |             |            | NOTICE OF ALLOWANCE MAILED |                      |
|   |   |             |            |                            |                      |
| <input checked="" type="checkbox"/> The term of this patent shall not extend beyond the expiration date of U.S. Patent No. _____. | _____ (Primary Examiner) _____ (Date)           |             |            | ISSUE FEE                  |                      |
|   |   |             |            | Amount Due                 | Date Paid            |
| <input type="checkbox"/> The terminal _____ months of this patent have been disclaimed.   | _____ (Legal Instruments Examiner) _____ (Date) |             |            | ISSUE BATCH NUMBER         |                      |
|   |   |             |            |                            |                      |

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